

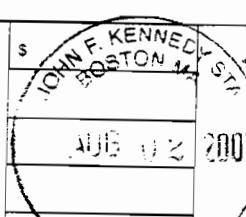
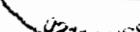


## Department of the Treasury

Federal Law Enforcement Agencies

## PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 05-10016-RCL		
DEFENDANT(s) MICHAEL MCDONALD		TYPE OF PROCESS <b>PRELIMINARY ORDER OF FORFEITURE</b>		
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize <b>John M. Moscardelli, Esquire</b>			
	Address (Street or RFD / Apt. # / City, State, and Zip Code) <b>Peters &amp; Moscardelli, Eight Winter Street, Suite 12, Boston, MA 02108</b>			
Send NOTICE OF SERVICE copy to Requester:  KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.		
		Number Of Parties To Be Served In This Case.		
		Check Box If Service Is On USA		
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested.				
LJT x3283				
Signature of Attorney or other Originator requesting service on behalf of  <i>Kristina E. Barclay/AT</i>		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100	Date July 24, 2007
SIGNATURE OF PERSON ACCEPTING PROCESS:				Date
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>				
I acknowledge receipt for the Total # of Process Indicated.  <input type="checkbox"/>	District of Origin No. _____	District to Serve No. _____	<b>SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:</b> <i>Stephen P. Leonard</i>	
I hereby Certify and Return That I [ ] PERSONALLY SERVED, [ ] HAVE LEGAL EVIDENCE OF SERVICE, [ ] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc. At The Address Shown Above or at the Address Inserted Below.				
[ ] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.				
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.		
ADDRESS: (Complete only if different than shown above.)		Date of Service PLEASE SEE REMARKS	Time of Service [ ] AM [ ] PM	<i>8/4/07</i>
Signature, Title and Treasury Agency <i>Stephen P. Leonard, Forfeitures Officer</i>				
<b>REMARKS:</b>  The above-described Preliminary Order was served by certified mail number 70012510000342995686. Delivered on 8/4 per Postal receipt. Copy of the Postal receipt is attached. Served as directed above.				

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 
<p><i>Sent To</i> John M. Moscardelli, Esq.          Street, Apt. No.:          or PO Box No.: Eight Winter St.          City, State, ZIP- Boston, MA 02108</p>	

PS Form 3800, January 2001  
See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <b>X</b> <i>John Moscardelli</i></p> <p><input type="checkbox"/> Agent      <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>John Moscardelli</b></p> <p>C. Date of Delivery <b>9/4</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>1. Article Addressed to:</p> <p>John M. Moscardelli, Esq. Peters &amp; Moscardelli Eight Winter St., Suite 12 Boston, MA 02108</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.   </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	